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Bib Data Sheet

CONFIRMATION NO. 6224

<b>SERIAL NUMBER</b> 10/068,977	<b>FILING OR 371(c) DATE</b> 02/08/2002 <b>RULE</b>	<b>CLASS</b> 194	<b>GROUP ART UNIT</b> 3653	<b>ATTORNEY DOCKET NO.</b> 47171-00344USP1
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/635,967 08/10/2000 \*  
 which claims benefit of 60/018,563 05/29/1996  
 and claims benefit of 60/034,954 01/16/1997  
 and claims benefit of 60/038,340 02/27/1997  
 and is a CON of 08/864,423 05/28/1997 PAT 6,311,819  
 which claims benefit of 60/018,563 05/29/1996  
 and claims benefit of 60/034,954 01/16/1997  
 and claims benefit of 60/038,340 02/27/1997  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 04/12/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 58	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 14
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**ADDRESS**

30223

**TITLE**

MULTIPLE POCKET CURRENCY PROCESSING DEVICE AND METHOD

<b>FILING FEE RECEIVED</b> 2346	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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